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# **ON-THE-JOB & APPRENTICESHIP TRAINING APPLICATION HANDBOOK**

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*A guide for employers  
and/or trainees seeking  
approval of their training  
program(s) for  
VA education benefits*

Provided by:

**OFFICE OF PUBLIC INSTRUCTION  
VETERANS EDUCATION  
MONTANA STATE APPROVING AGENCY**

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# INTRODUCTION

It may be possible for *your employee* to receive their “GI Bill” benefits while they are receiving training at your business. They could receive a monthly training allowance from the Department of Veterans Affairs (DVA) for a full-time On-The-Job (OJT) or Apprenticeship (APP) Training program, if approved by the Montana State Approving Agency (SAA).

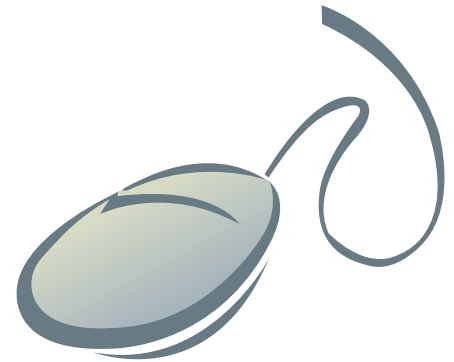
There are two functions involved when veterans, (and certain guardsmen/reservists, survivors/dependents) wish to utilize their educational benefits in On-the-Job or Apprenticeship Training Programs.

## DEPARTMENT OF VETERANS AFFAIRS (DVA)

The DVA determines educational eligibility. The veteran needs to contact the DVA Education Office by calling the toll free number **(888) 442-4551**, through their Web site [www.gibill.va.gov](http://www.gibill.va.gov), or by contacting their local Veterans Service Officer for assistance.

- If the veteran is eligible, the veteran needs to discuss the program with the employer.
- The veteran applies to the DVA for their educational benefits.
- The employer will contact the SAA office for approval information.
- The DVA must concur with the SAA approval.
- The approved training facility can then enroll the veteran in the approved program. (Refer to procedures and instructions in this handout.)

**Log on!**  
**See what's new ...**



Your Complete Source for Information  
on VA Education Benefit Programs

**[www.gibill.va.gov](http://www.gibill.va.gov)**

Official Web site of the  
Department of Veterans Affairs  
Education Service  
1-888-GI Bill-1  
(1-888-442-4551)

# STATE APPROVING AGENCY (SAA)

Shortly after the 1944 Bill of Rights was passed into law, Congress established the State Approving Agencies in 1947 to ensure that Veterans and eligible dependents can use the GI Bill educational entitlement in an approved educational program. Congress believed that the state's control of education and approval of its programs was the best avenue to safeguard both veterans, and educational institutions and training facilities. The primary function of the Montana SAA is to review and evaluate the appropriateness of each program relative to the state's standards and laws in addition to the DVA rules, regulations and other applicable laws and regulations; evaluate, and approve quality educational and training programs for veteran's benefits. Continuous supervision is required of approved programs.

Programs that can be approved include institutions of higher learning colleges and universities, non-degree institutions (vocational and technical schools), apprenticeship, and other on-the-job training programs and flight schools. There are over 140 programs currently approved in Montana for veteran's educational benefits.

- If the employer is interested in utilizing the program or needs more information, contact the SAA at (406) 444-4122 or e-mail [celiea@state.mt.us](mailto:celiea@state.mt.us).
  - An SAA employee will contact the employer and explain the program.
  - The SAA will make an on-site visit to assist the employer with the application.
  - If training is approved, the SAA will mail the employer an approval packet containing: approval letter, approved application, copy of the certifying official form, training agreements, and monthly master form to record work records.
  - The SAA office will notify the DVA of the approval and provide program information.

## MONTANA STATE APPROVING AGENCY MISSION

- Promote and safeguard quality education and training programs for veterans
- Ensure greater educational and training opportunities to meet the challenging needs of veterans; and
- Assist the VA in preventing fraud, waste and abuse in the administration of the GI Bill

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### Links:

GI Bill Web site  
<http://www.gibill.va.gov>

Air Force  
<http://www.af.mil>

U.S. Veterans Resource Web site  
<http://www.vetsresource.com>

Marine Corps  
<http://www.usmc.mil>

Army  
<http://www.army.mil>

Coast Guard  
<http://www.uscg.mil>

Navy  
<http://www.navy.mil>

# KNOW THE FACTS ABOUT OJT AND APPRENTICESHIP TRAINING

- The training content of the program must be adequate to qualify the trainee for appointment to the job for which he or she is being trained.
- There is reasonable certainty that the job for which the training is provided will be available to the trainee at the end of the training period.
- The job is one within which progression and appointment of the next higher classification are based upon skills learned through organized training on the job and not just on such factors as length of service and normal turnover.
- The wages to be paid the trainee during the training period are not less than those paid to non-veteran trainees in a similar training position. The wages paid to a trainee at the start of training must be at least 50 percent of the wages paid to a fully trained worker. There must be at least one increase in wages during the training period. Not later than the last full month of training, the wages must be at least 85 percent of the wages paid to a fully trained employee. Immediately upon completion of training, the wage should be increased to the full amount of a trained worker's wage. The 85 percent regulation does not apply to local, state or federal governments.
- The job customarily requires a period of training of not less than six months and not more than two years of full-time training (On-the-Job Training). For apprenticeships the length of time can exceed two years for training and payment purposes.
- The length of the training period is not longer than that customarily required by the establishment and other establishments in the community to provide trainees with the required skills, technical information and other facts which the trainee will need to learn in order to become competent on the job for which they are being trained.
- Provision is made for related instruction for the individual veteran or eligible person who may need it.
- The establishment must have adequate space, equipment, instructional material, and instructor personnel to provide satisfactory training on the job.
- Adequate records will be kept to show the progress made by the veteran or eligible person toward his or her job objective and will be made available to representatives of the Veterans Administration and/or the State Approving Agency at their request.
- Appropriate credit will be given the trainee for previous training or experience, whether obtained in the military service or elsewhere. The beginning wage must be adjusted to the level to which credit for prior training and experience advances the trainee, and the training period will be reduced proportionately.
- A signed copy of the training agreement for each veteran or eligible person, including the approved training program and wage scale, will be provided by the employer to the trainee, the VA Regional Office, and the State Approving Agency; the employer retains a copy for their files.
- Upon completion of the training, the trainee will be given a certificate by the employer indicating the length, type of training provided, and that the trainee has completed the program of training satisfactorily.
- All records pertaining to the training program, including payroll records, are to be kept for a period of three years after completion of the training; and available to representatives of the State Approving Agency or Veterans Administration at their request.

**Interested employers should contact  
state approving agency at (406) 444-4122.**

# REQUIREMENTS FOR APPROVAL OF AN ON-THE-JOB/APPRENTICESHIP TRAINING PROGRAM

- Must be *entry level* of training for a specific job objective. Entry-level meaning that no previous experience or education is required for the position. For example, mechanic, carpenter, police officer, etc.
- Laborer, gas station attendant and similar positions cannot be approved.
- Wages are to be paid by a set salary schedule and *not by commission*. There must be at least one increase in wages during the length of the training period.
- Training position must be under direct or immediate *supervision*.
- The length of the OJT program must be *at least six months, but not more than 24 months*, unless it qualifies for approval as an apprenticeship program.
- The length of an apprenticeship program must be a *minimum of 2,000 hours or two years*.

## IS THE TRAINEE ELIGIBLE?

### Veterans

- Must be less than *10 years* from date of discharge from active duty.
- Chapter 30, 32 and 34 veterans who are eligible for benefits, can use them for OJT and Apprenticeship training, if employed and *being trained* for the job.
- May be some exceptions from the above:
  - Dependents of veterans
  - Medical reasons
  - Delimiting date extension
  - Others

### National Guard and Reservists

- Must have a total of *six years* obligation after October 1, 1990.
- Contact local *Unit Administrator* to determine eligibility.
- Obtain *copy* of DD 2384, DD 2384-1 or DA 4836 whichever is appropriate.

The trainee can contact the DVA Education Service Officer or the State Approving Agency for instructions on what is necessary to make application for benefits. Eligible veterans, national guard or reservists can *receive* their GI Benefits in addition to their salary when enrolled in a firm's approved training program.

Receiving benefits under the "GI Bill" can be thought of as a *two-step process*. The first step is to have the program of education or training *approved* by the appropriate State Approving Agency. The second step is for the trainee to *make application* to the DVA for educational benefits. Applying to the DVA for benefits involves the determination of eligibility for the trainee.

# PROCEDURES FOR APPLICATION & APPROVAL

**YOU:** Firms/businesses seeking approval for On-The-Job or Apprenticeship Training to contact the State Approving Agency at:  
Office of Public Instruction  
Veterans Education  
PO Box 202501  
Helena, Montana 59620-2501  
(406) 444-4122

**WE:** Mail out application packet for approval of On-The-Job or Apprenticeship Training

**YOU:** Complete application and return it to our office. (Please feel free to contact us with any questions.)

**WE:** As a part of the approval criteria, a representative from the State Approving Agency must visit with each business before a program can be approved. It is possible for the State Approving Agency to backdate a program as much as 12 months, making it possible for a veteran to be paid benefits retroactively.

We will assist you to:

- Complete an application
- Complete VA Form 22-8794 - \*Designation of Certifying Officials
- Verify name(s) of trainee(s) and the date(s) of their employment
- Verify trainee(s) social security number(s)

**When approved, your firm will receive an approval packet which will include:**

- Letter of approval
- Copy of approved application
- Copy of VA Form 22-8794 - Designation of Certifying Official
- Copy of Original Enrollment Certification

## **\*Certifying Official**

- The Certifying Official is a representative of the training facility who is authorized to sign and submit DVA documents verifying a veteran's enrollment, change in status, and any other circumstances that affect the amount or duration of veteran's educational assistance benefits.

# Sample Application for Approval

The following "Sample Application Form" includes (*\*Guidelines*) for completing the Application for Approval of an On-The-Job or Apprenticeship Training Program and uses the job objective of "Mechanic" as an example.

"SAMPLE APPLICATION FORM"	
<b>Office of Public Instruction - Veterans Education</b> PO Box 202501 - Helena, Montana 59620-2501	
<p>The information listed below must be completed and returned to this office at the above address for the approval process. Please submit <u>original of this form, one copy of BAT apprenticeship standards (if registered with the State of Montana) and one copy of any policies or procedures concerning on-the-job or apprenticeship training.</u></p>	
Name of Company, Facility, or Apprenticeship Committee John Doe's Garage	(Area Code) Telephone (406) 000-0000
Postal Address PO Box 999	City/State/ZIP Code Anytown, MT 59000
Physical Address 100 Main Street	City/State/ZIP Code Anytown, MT 59000
Veterans Program Manager/Company Training Officer John Doe	Title Owner
FAX Number (406) 000-0000	E-mail Address
Title of Apprenticeship Program: <u>Mechanic</u>	
Brief description of Journeyman Duties: ( <i>*brief explanation of the job objective which further describes and defines "Mechanic"</i> )	
<div>1. Normal Length of Training Program: <u>24</u> (months) - (<i>*This is the length of the training program or the time necessary to train an employee, with little or no experience, to the level of expertise described under Journeyman Duties above. Vacations or holidays are not calculated when totaling the length of the program.</i>)</div> <div>2. Current <u>Base</u> Wage Rate For Journeyman: (Per Hour) \$_____ (<i>*Rate the trainee will be paid upon completion of training.</i>)</div> <div>3. Journeyman to Apprentice Ratio Requirement: _____</div> <div>4. Work Hours per Week (Normal): <u>40</u></div> <div>5. Recognized Holidays: (Check)<div style="display: flex; justify-content: space-between; margin-top: 5px;"><div><input type="checkbox"/> New Year's Day</div><div><input type="checkbox"/> Presidents' Day</div><div><input type="checkbox"/> Labor Day</div></div><div style="display: flex; justify-content: space-between; margin-top: 5px;"><div><input type="checkbox"/> Martin Luther King Day</div><div><input type="checkbox"/> Independence Day</div><div><input type="checkbox"/> Memorial Day</div></div><div style="display: flex; justify-content: space-between; margin-top: 5px;"><div><input type="checkbox"/> Thanksgiving</div><div><input type="checkbox"/> Christmas</div><div><input type="checkbox"/> Other: _____</div></div></div> <div>6. The wage scale is identified on page _____ of the attached agreement.</div>	



7. Scheduled vacation periods are identified on page \_\_\_\_\_ of the attached agreement.
8. I certify the following:
- Signed indenture agreements will include the wage scale and training plan included in this application or amendments to this application and submitted to the State Approving Agency and the DVA.
  - A copy of the indenture agreement will be furnished each veteran, to include a copy of the training outline.
  - The wages paid to a veteran are not less than the wages paid to non-veteran employees.
  - Wages will be increased in regular periodic increments as identified in this application.
  - Starting wages will be at least 50 percent of the base journeyman rate (exception only for an approved collective bargaining agreement).
  - This establishment complies with the Standards of Apprenticeship published by the Secretary of Labor pursuant to 29 U.S.C. Part 29 and Part 30 as applicable.
  - The veteran will be under close supervision and will be retained only if satisfactory training progress is maintained.
  - This training will not be given to an eligible veteran who is already qualified by training and experience for the job. The length of the training period is not longer than customarily required to train a person to an average level of competency.
  - I will advise the Department of Veterans Affairs and the Montana State Approving Agency of the entry, termination, or interruption in training of a veteran or benefit eligible person.
  - There is reasonable certainty that the job for which the veteran is trained will be available to him/her at the end of the training period.
  - Will notify the Montana State Approving Agency or the Department of Veterans Affairs of any **proposed change** in information listed in this application, including:
    - Wage Schedule Changes
    - Training Plan Adjustments
    - Leave or Holiday Schedules
9. The firm will maintain adequate records of employment, progress, and wages paid to the veteran and make these records, together with other such records, as required by state and federal laws, available to state and federal agencies. **Such records must be maintained for a period of three years after the trainee has completed or left training.** Should the company or apprenticeship committee discontinue operations, veteran's records should be forwarded to the State Approving Agency for maintenance. Records will be maintained at (office location)\_\_\_\_\_.  
I understand initial and subsequent inspections and visitations by the Montana State Approving Agency and the Department of Veterans Affairs are required.
10. Related training required: Listed on page \_\_\_\_\_ of the agreement, or below (normally a minimum of 144 hours and required with apprenticeship training). *(\*The time involved in instruction on each task area, other than what is received during On-The-Job or apprenticeship training.)*

Name of Program or Location of Training	Assignment Hours

11. List tasks or areas to be trained and approximate number of hours in each area. Total hours should equate to 2,000 hours per year for a normal 40-hour workweek program. A listing of tasks or areas to be trained and approximate number of hours in each area is shown on page \_\_\_\_\_ of the apprenticeship agreement/attachment.

*(\*TASKS: List specific areas of the training program. For example, this mechanic will be required to weld, spending approximately 1/10th of the time welding, in both electric and gas. Task areas should be broad enough to encompass the job description yet general enough to describe the job objective in 10 areas or less.)*

*(\*Hours Assigned: The estimated hours to be spent in each area over the entire length of the program.)*

Task or Topic	Hours
Arc and Acetylene Welding	400
Diesel Engine Repair and Maintenance	800
Electrical Repair and Maintenance	275
Hydraulic Repair and Maintenance	700
Maintenance of Equipment	275
Power Train Repair and Maintenance	700
Removing and Replacing Parts	600
Safety Procedures	50
Shop Procedures	200
<b>TOTAL PROGRAM HOURS</b>	<b>4,000</b>

12. The Wage Schedule based on satisfactory progress is listed in Table A or Table B, indicating the actual wages or percentage of fully trained wage the Apprentice shall receive duration. This is an estimated salary schedule for the entire length of the program. Use as many pay periods as it is necessary to total the length of the entire program. Indicate how the (trainee) is to be paid, i.e., the rate “per mo.; per wk.; or per hr.”

**Program regulations require:**

- **Beginning salary must be at least the minimum wage and at least 50 percent of the ending wage or the rate paid to employees already trained for this position.** (*\*Starting salary for veterans and non-veterans must be the same.*)
- At least ***one pay*** increase during the training program. The last pay rate must be within **85 percent** of the rate paid to employees already trained.
- An ending, trained or a journeyman's rate (*\*The Journeyman rate is the wage to be paid to the trainee when he/she has finished with the program. This must be more than the last pay period, which must be at least 85 percent of this rate. For example, if the journeyman's rate is \$10.50 per hour, then the last wage rate must be at least \$8.92 per hour. (The 85 percent regulation does not apply to local, state or federal governments.)*)

“Sample” TABLE A	“Sample” TABLE B
1st period of <u>6</u> Months @ \$ <u>5.25</u> per hour	<u>6</u> Months @ <u>50</u> %
2nd period of <u>6</u> Months @ \$ <u>5.25</u> per hour	<u>6</u> Months @ <u>50</u> %
3rd period of <u>6</u> Months @ \$ <u>5.75</u> per hour	<u>6</u> Months @ <u>60</u> %
4th period of _____ Months @ \$ _____ per hour	_____ Months @ _____ %
5th period of _____ Months @ \$ _____ per hour	_____ Months @ _____ %
6th period of _____ Months @ \$ _____ per hour	_____ Months @ _____ %
7th period of _____ Months @ \$ _____ per hour	_____ Months @ _____ %
8th period of training _____ Months @ \$ <u>8.92</u> per hour	_____ Months @ <u>85</u> %

## **DESIGNATION OF CERTIFYING OFFICIAL(S)**

### **VA Form 22-8794**

This form provides to the DVA and the State Approving Agency, those signatures of the firms' officials that should be accepted on documents sent to the Department of Veterans Affairs and the State Approving Agency.

The Certifying Official is a representative of the training facility who is authorized to sign and submit DVA documents verifying a veteran's enrollment, change in status, and any other circumstances that affect the amount or duration of veteran's educational assistance benefits. Records must be kept showing:

- the work process (series of tasks an apprentice/trainee must perform to progress toward the training objective); and
- related training (organized and systematic form of instruction designed to provide an apprentice/trainee knowledge of the theoretical and technical subjects related to the trade - classroom study, correspondence course, and/or self-study).

Submit this form with the original application to the State Approving Agency.

## Department of Veterans Affairs

## DESIGNATION OF CERTIFYING OFFICIAL(S)

**PRIVACY ACT INFORMATION:** We'll use the information on this form to identify you as the certifying official for your school or job training establishment when reporting pursuit of training for veterans or other eligible persons. We cannot take any further action on your claim for recognition as the certifying official until we receive the completed form (38 U.S.C. 3684). Your responses are confidential (38 U.S.C. 5701). They may be given outside VA only if authorized under the Privacy Act, including the routine uses identified in the VA system of records, 55VA21/22/28, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register.

**RESPONDENT BURDEN:** You don't have to complete this form and VA can't require you to respond unless the form's OMB control number, 2900-0262, is valid. The OMB Internet Home Page ([www.whitehouse.gov/OMB/index.html](http://www.whitehouse.gov/OMB/index.html)) shows the OMB Control Numbers for approved VA forms. However, we can't take any further action on you being recognized as the certifying official for your school or job training establishment unless you send the information requested on this form. Payments to veterans and other eligible persons may be delayed or stopped without this information. We estimate you'll need about 10 minutes to review the instructions and complete this form. Call 1-888-GIBILL1 (1-888-442-4551) if you have comments regarding this 10 minute estimate or any other aspect of this collection of information.

**PURPOSE:** This form is used to provide the names and signatures of those individuals who are authorized to certify enrollment information to the Department of Veterans Affairs.

1. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT (Include ZIP Code) John Doe's Garage 100 Main Street Anytown, MT 59000		FOR VA USE ONLY			
2. TELEPHONE NUMBER(S) OF CERTIFYING OFFICIAL(S) (Include Area Code) (406) 000-0000		3. FAX NUMBER OF CERTIFYING OFFICIAL(S) (Include Area Code) (406) 000-0000			
4. E-MAIL ADDRESS OF CERTIFYING OFFICIAL(S)					
5. THE FOLLOWING ARE DESIGNATED AS CERTIFYING OFFICIAL(S) OF THIS SCHOOL OR TRAINING ESTABLISHMENT					
A. OFFICIALS DESIGNATED TO SIGN VA ENROLLMENT CERTIFICATIONS, CERTIFICATIONS OF CHANGE IN STUDENT STATUS, CERTIFICATIONS OF DELIVERY OF ADVANCE PAYMENTS, CERTIFICATIONS OF PURSUIT, ATTENDANCE, FLIGHT TRAINING, ON-THE-JOB OR APPRENTICESHIP TRAINING (AS APPLICABLE), OTHER CERTIFICATIONS OF ENROLLMENT ARE:					
NO.	NAME	TITLE	SIGNATURE		
(1)	John Doe	Owner	John M. Doe		
(2)	Betty Smith	Office Manager	Betty Smith		
(3)					
(4)					
B. THE USE OF THE FOLLOWING FACSIMILE (e.g., rubber stamp) SIGNATURE FOR THE OFFICIALS LISTED IN ITEM 5A ABOVE ARE AUTHORIZED.					
(1)		(2)			
(3)		(4)			
C. FOR POSTSECONDARY EDUCATIONAL INSTITUTIONS ONLY—OFFICIALS DESIGNATED TO SIGN THE SCHOOL PORTION OF VA FORM 22-1990T, APPLICATION AND ENROLLMENT CERTIFICATION FOR INDIVIDUALIZED TUTORIAL ASSISTANCE ARE:					
NO.	NAME	TITLE	SIGNATURE		
(1)					
(2)					
(3)					
6. REMARKS					
It is hereby certified that the Department of Veterans Affairs will be notified of any changes in the designations shown on this form as they occur.					
7. SIGNATURE AND TITLE OF DESIGNATING OFFICIAL John M. Doe			8. DATE 3/1/03		
<b>PENALTY</b> —The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by fine or imprisonment or both.					

## GENERAL INSTRUCTIONS

1. This form **MUST ONLY** be completed by a responsible official with the authority to designate certifying officials for the school or training establishment.
2. This form must be completed whenever there is a change in any of the information. Include the names, titles, and signatures of all certifying officials, not just the changed information.

## SPECIFIC INSTRUCTIONS

1. **Item 1:** Enter the complete name and address of the school or training establishment.
2. **Item 2:** Enter the certifying official's telephone number.
3. **Item 3:** Enter the certifying official's fax number.
4. **Item 4:** Enter the certifying official's e-mail address. As an alternative, you may enter the e-mail address for the office where the certifying official works.
5. **Item 5A:** Enter the complete name and title for each designated certifying official. Have each person sign the form on the same line as his or her name and title. If any of the certifying officials have limited jurisdiction, note such limitations in Item 6, "Remarks." Use space below if needed.
6. **Item 5B:** If facsimile (e.g., rubber stamp) signatures will be used for any certifying officials, enter a sample in the appropriate block. In addition, have the individual initial next to the sample.
7. **Item 5C:** If veterans and other eligible persons will be claiming individualized tutorial assistance, complete these blocks.
8. **Items 7 and 8:** Sign and date the form. The person signing the form must be a person of significant authority, i.e., registrar, academic dean, or higher.

## **THE TRAINING AGREEMENT**

The training agreement is an agreement *between* the employer and the veteran/guardsman. It indicates what the training will involve and what the salary will be for that period of time. When an apprenticeship training program has been registered with the State of Montana Department of Labor, a copy of the Standards and Agreement will need to be provided by the owner with the application.

If the training program is not registered with the State of Montana, VA Form 22-8864 (non-registered training agreement form) will be provided by the State Approving Agency.

The DVA requires a copy of the signed training agreement when the trainee applies for their educational benefits.



## Other On-The-Job Training Standards

- I. **HOURS AND SUPERVISION**—The trainee shall work the same hours as the instructor and shall work under the supervision of the instructor at all times.
- II. **SAFETY AND HEALTH TRAINING**—The trainee will receive instruction on the job as to safe and healthful work practices. Such instruction shall include training regarding safety regulations, reporting of accidents, and availability of first aid medical facilities. The establishment shall also ensure that the trainee is trained in facilities and other environments that are safe and healthful.
- III. **ADMINISTRATIVE PROCEDURES**—The following shall be the responsibility of the participating establishment:
  - A. To see that all trainees are covered by written agreement.
  - B. To notify the VA Regional Office in writing of any interruption or termination of training.
  - C. To maintain a record of each trainee showing his/her experience and progress in learning the occupation until 3 years after completion of the training program.
- IV. **COMPLIANCE WITH TITLE VI, CIVIL RIGHTS ACT OF 1964**—The establishment agrees to comply with the provisions of Title VI, Civil Rights Act of 1964.
- V. **COMPLIANCE WITH TRAINING STANDARDS**—These standards, as approved by the Department of Veterans Affairs, are made a part of the Training Agreement applying hereto. The signing of the Agreement in Items 19 and 20 on the reverse, binds the parties to compliance with these standards. Every trainee entering into an Other On-the-Job Training Agreement will be given a copy of the Agreement and with these Standards. Two copies will be forwarded to the Department of Veterans Affairs. The terms of this training agreement are in conformance with the requirements of section 21.4262, Title 38, Code of Federal Regulations.

## Apprenticeship Training Standards

- I. **DEFINITION AND TERM OF APPRENTICESHIP**—The term “apprentice” shall mean a person at least \_\_\_\_\_ years of age who is employed to learn a skilled trade pursuant to the terms of a written Apprenticeship Agreement with the establishment. The Agreement will provide for (a) not less than \_\_\_\_\_ years of reasonably continuous employment, (b) participation of the apprentice in an approved schedule of work experience through employment, and (c) at least 144 hours per year of supplemental instruction in subjects related to the trade.
- II. **QUALIFICATIONS OF APPRENTICESHIP APPLICANTS**—Apprenticeship applicants for this trade shall be between the ages of \_\_\_\_\_ and \_\_\_\_\_ and should be, if possible, high school graduates or the equivalent and be able to meet the requirements of the trade.
- III. **PROBATIONARY PERIOD**—All apprentices employed in accordance with these standards shall be subject to a probationary period not exceeding the first \_\_\_\_\_ of the term of apprenticeship. During this period, the Apprenticeship Agreement may be terminated at the request of either party to the Agreement.
- IV. **HOURS AND SUPERVISION**—The apprentice shall work the same hours as the journeyworker and shall work under the supervision of the journeyworker at all times.
- V. **WAGE PROGRESSION**—This standard must include a uniform, progressive schedule of wages.
- VI. **RELATED SCHOOL INSTRUCTION**
  - A. Each apprentice shall enroll in and attend classes in subjects related to this trade for not less than 144 hours per year during the term of apprenticeship. Apprentice related training should be arranged through local education agencies, the Community College system, or the private vocational school system. If institutional training is not available locally, a correspondence course applicable to the trade, or an individualized instruction program of classroom training in the training establishment will be substituted.
  - B. Failure on the part of the apprentice to regularly attend classes and/or progress satisfactorily in approved related training will be deemed sufficient cause to drop the apprentice from the entire training program.
  - C. Trade journals, manuals, books, publications, etc., applicable to the trade may be used in supervised training.
  - D. The minimum of 144 related training hours per year are not classified as hours of employment unless given during regular working hours for which wages are paid.
  - E. Curriculum content is described in Items 18A and 18B of the Apprenticeship Agreement.
- VII. **SAFETY AND HEALTH TRAINING**—The apprentice shall receive instruction on the job as to safe and healthful work practices. Such instruction shall include training regarding safety regulations, reporting of accidents, and availability of first aid medical facilities. The apprenticeship sponsor shall also ensure that the apprentice showing his/her experience and progress in learning the occupation until three years after completion of the training program.
- VIII. **ADMINISTRATIVE PROCEDURES**—The following shall be the responsibility of the participating establishment:
  - A. To see that all apprentices are covered by a written agreement.
  - B. To notify the VA Regional Office in writing of any interruption or termination of training.
  - C. To maintain a record of each apprentice showing his/her experience and progress in learning the occupation until three years after completion of the training program.
- IX. **GRANTING CERTIFICATE OF COMPLETION OF APPRENTICESHIP**—After satisfactory completion of apprenticeship under these standards, each apprentice shall be furnished with a Certificate of Completion of Apprenticeship.
- X. **COMPLIANCE WITH TITLE VI, CIVIL RIGHTS ACT OF 1964**—The establishment agrees to comply with the provisions of Title VI, Civil Rights Act of 1964.
- XI. **COMPLIANCE WITH APPRENTICESHIP STANDARDS**—These standards, as approved by the Department of Veterans Affairs, are made a part of the Apprenticeship Agreement applying hereto. The signing of the Agreement in Items 19 and 20 on the reverse, binds the parties to compliance with these standards.  
Every apprentice entering into an Apprenticeship Training Agreement will be given a copy of these standards. Two copies will be forwarded to the Department of Veterans Affairs.  
The terms of this training agreement are in conformance with the requirements of section 21.4261, Title 38, Code of Federal Regulations.



## **WORK RECORDS**

Work records are to be completed as the program progresses, by the trainee. They are to be reviewed by the supervisor and kept on file at the firm. Work records must be maintained for at least three years after termination of training.

Compliance of DVA regulations relating to progress is met through the maintenance of these records. Failure to maintain work records may result in the trainee losing his/her benefits or the withdrawal of State Approving Agency approval.

The monthly work records are kept on file at the firm.

# Sample Monthly Work Record

Firm Name: John Doe's Garage

Address: Main Street, Anytown, Montana 59000

Trainee: Vincent V. Veteran

Effective Date: 6/1/02

Job Objective: Mechanic Regular Work Week 40

	Training Schedule	Hours Assigned	This Month	Previous Total	Total To Date
A	Arc and Acetylene Welding	400	10	50	60
B	Diesel Engine Repair and Maintenance	800	29	100	129
C	Electronic Repair and Maintenance	275	12	25	37
D	Hydraulic Repair and Maintenance	700	49	100	149
E	Maintenance of Equipment	275	8	25	33
F	Power Train Repair and Maintenance	700	49	100	149
G	Removing and Replacing Parts	600	11	100	111
H	Safety Procedures	50	4	1	5
I	Shop Procedures	200	4	15	19
J					
K					
L					
M					

Supervisor's Signature John Q. Doe

Month June

Year 2000

(Record number of hours worked daily at each task)

Date	Week Day	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Wed.					1	6		1								
2	Thurs.		2		2		4										
3	Fri.		1	1	3		3										
4	Sat.																
5	Sun.																
6	Mon.	1	2	2		2		1									
7	Tues.						5	2		1							
8	Wed.	1			6			1									
9	Thurs.	1		2	3	1				1							
10	Fri.				6	1				1							
11	Sat.																
12	Sun.																
13	Mon.				6		2										
14	Tues.		6					2									
15	Wed.		6				2										
16	Thurs.			4		2			2								
17	Fri.	4	1		1		1			1							
18	Sat.																
19	Sun.																
20	Mon.						8										
21	Tues.				4		4										
22	Wed.				6			2									
23	Thurs.	1			5			2									
24	Fri.	2	2	2		1			1								
25	Sat.																
26	Sun.																
27	Mon.		1		3		4										
28	Tues.		4		2		2										
29	Wed.		4	1			2	1									
30	Thurs.				2		6										
31																	
TOTAL FOR MONTH																	

The monthly work record should be kept on file at the firm.

At this point, step one is complete. Theoretically, the firm and their program are approved. Now the trainee should apply for their benefits. Applying to the DVA for benefits involves the determination of eligibility for the trainee.

The second step is for the trainee to *make application* to the Department of Veterans Affairs for educational benefits at the following address:

DVA Regional Office  
PO Box 66869  
St Louis, MO 63166-6869

Fax: (314) 552-9707

## **VA Form 22-1990**

The VA Form 22-1990 is the application for a trainee who *has not used* any of their benefits. The trainee should complete all items as appropriate. Be sure to sign the form.

## Department of Veterans Affairs

## APPLICATION FOR VA EDUCATION BENEFITS

## PART I—APPLICANT

NOTE: PLEASE TYPE OR PRINT CLEARLY IN BLACK INK OR NO. 2 PENCIL

I. EDUCATION BENEFIT BEING APPLIED FOR:

- ☒ A. MONTGOMERY GI BILL—ACTIVE DUTY EDUCATIONAL ASSISTANCE PROGRAM (Chapter 30, Title 38 U.S.C.) (See Part I Instructions.)
- ☐ B. VEAP/NON-CONTRIBUTORY VEAP (Post-Vietnam Era Educational Assistance Program) (Chapter 32, Title 38 U.S.C.) (Section 903, Public Law 96-342) (See Part I Instructions.)
- ☐ C. Montgomery GI Bill—Selected Reserve Educational Assistance Program (Chapter 1606, Title 10 U.S.C.) (See Part I Instructions.)
- ☐ D. UNSURE WHICH EDUCATION BENEFIT APPLIES TO ME (Explain why you think you are eligible in Item 18, Remarks.)

2. NAME OF APPLICANT (First, Middle Initial, Last)

Vincent V. Veteran

3. Sex

☒ MALE ☐ FEMALE

4. DATE OF BIRTH (Month, Day, Year)

2-24-74

5. MAILING ADDRESS (Number and street or rural route, City or P.O., State and 9-digit ZIP Code)

1111 Main Street  
Anytown, MT 59000

6. VA FILE NUMBER OR SOCIAL SECURITY NUMBER

777-33-4444

7. TELEPHONE NUMBER (Including Area Code)

A. DAY

( 406 ) 333-3333

B. EVENING

( 406 ) 333-2222

8. DIRECT DEPOSIT INFORMATION—Please attach a voided personal check, or provide the following information.

(Caution: Direct Deposit may not be available for VEAP or Chapter 1606. See Item 8 of Instructions.)

A. TYPE OF ACCOUNT (Check the type of account; if you do not have an account, check the box.)

☒ CHECKING OR ☐ SAVINGS ☐ I DO NOT HAVE AN ACCOUNT

B. NAME OF FINANCIAL INSTITUTION

National Bank

C. ACCOUNT NUMBER (OR ATTACH VOIDED CHECK)

111 222 33344

D. ROUTING OR TRANSIT NUMBER (OR  
ATTACH VOIDED CHECK)

001 22 33 44

9. PLEASE PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF SOMEONE WHO WILL ALWAYS KNOW WHERE YOU CAN BE REACHED

Jamie A. Veteran, 1111 Main Street, Anytown, MT 59000 (406) 333-2222

10. HAVE YOU PREVIOUSLY APPLIED FOR DEPARTMENT OF VETERANS AFFAIRS BENEFITS? (If "Yes," list each benefit claimed. See Item 10 of Instructions.)

☐ YES ☒ NO

11. HAVE YOU ALREADY RECEIVED AN INFORMATION PAMPHLET EXPLAINING EDUCATION BENEFITS? (See Item 11 of Instructions.)

☐ YES ☒ NO

## 12. PROGRAM OF EDUCATION OR TRAINING

A. SHOW THE NAME AND ADDRESS OF YOUR SCHOOL OR TRAINING ESTABLISHMENT (If known.)

ABC Electric, Inc.  
PO Box 666  
Anytown, MT 59000

B. THE DATE YOU STARTED OR WILL START TRAINING (If known.)

6-1-01

C. IF YOU KNOW YOUR EDUCATION OR CAREER GOAL (Please specify.)

Journeyman Electrician

D. EDUCATION OR TRAINING WILL BE BY:

☐ SCHOOL ATTENDANCE ☒ APPRENTICESHIP OR ON-THE-JOB TRAINING

☐ CORRESPONDENCE ☐ VOCATIONAL FLIGHT TRAINING

### 13. ACTIVE DUTY SERVICE INFORMATION

NOTE: If you are on active duty but in a Terminal leave status (on leave continuously between the date that you last performed military duties until the date of your discharge from active duty), check YES in Items 13A and 13B.

A. ARE YOU NOW ON ACTIVE DUTY? ☐ YES ☒ NO

B. ARE YOU NOW ON TERMINAL LEAVE JUST BEFORE DISCHARGE? ☐ YES ☒ NO

C. ARE YOU ATTACHING A COPY OF YOUR DISCHARGE PAPER? (If "NO," complete Items 13D through 13F and see Instructions for these items.)

☒ YES ☐ NO

D. DATE ENTERED ACTIVE DUTY	E. DATE SEPARATED FROM ACTIVE DUTY	F. BRANCH OF SERVICE

### 14. CIVILIAN AND MILITARY EDUCATION

(Complete Item 14A or 14B. Leave both blank if you did not graduate from high school and did not complete the requirements for a certificate.)

A. DATE YOU GRADUATED FROM HIGH SCHOOL

June 1, 1992

B. DATE YOU COMPLETED THE REQUIREMENT FOR A HIGH SCHOOL EQUIVALENCY CERTIFICATE

C. BELOW PLEASE SHOW ALL TRAINING AFTER HIGH SCHOOL, INCLUDING ALL APPRENTICESHIP OR ON-THE-JOB TRAINING. (See Item 14C of Instructions.)

NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER (Include City and State)	DATES OF TRAINING		HOURS (Semester, Quarter, or Clock)	DEGREE, DIPLOMA OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
	FROM	TO			
None					

D. WHAT FAA FLIGHT CERTIFICATES DO YOU HOLD?

None

### 15. NON-MILITARY OCCUPATION

	PRINCIPAL OCCUPATION	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING
A. BEFORE ENTERING MILITARY SERVICE	Student	48	None
B. AFTER LEAVING MILITARY SERVICE	Construction Worker	24	None

<b>16. ENTITLEMENT TO OTHER TYPES OF GOVERNMENT EDUCATIONAL ASSISTANCE</b> <i>(See Instructions for Item 16.)</i>	
NOTE: If you check "Yes," to any of these questions, provide full details in Item 18, REMARKS.	
A. IF YOU ARE ON ACTIVE DUTY OR IN THE SELECTED RESERVE, ARE YOU RECEIVING OR DO YOU EXPECT TO RECEIVE NON-VA EDUCATIONAL BENEFITS (SUCH AS TUITION ASSISTANCE) FROM THE ARMED FORCES OR THE PUBLIC HEALTH SERVICE FOR THE SAME PERIOD WHEN YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE?	<input type="checkbox"/> YES      NO
B. IF YOU ARE PARTICIPATING IN AN ROTC SCHOLARSHIP PROGRAM, DOES THAT PROGRAM PAY FOR YOUR TUITION, FEES, BOOKS AND SUPPLIES UNDER SECTION 2107, TITLE 10 U.S. CODE?	<input type="checkbox"/> YES      NO
C. IF YOU PARTICIPATED IN, OR ARE CURRENTLY PARTICIPATING IN, AN ROTC SCHOLARSHIP PROGRAM AND RECEIVED OR WILL RECEIVE AN OFFICER'S COMMISSION UPON COMPLETION OF THAT PROGRAM, SHOW THE DATE OF YOUR COMMISSION.	Month      Day      Year <b>None</b>
D. IF YOU ARE A FEDERAL GOVERNMENT EMPLOYEE, DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEES' TRAINING ACT FOR THE SAME TIME PERIOD WHEN YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>17. MARITAL AND DEPENDENCY STATUS</b> <i>(See Instructions for Item 17.)</i>	
NOTE: <u>ONLY MONTGOMERY GI BILL VETERANS</u> with military service (or delayed entry) before January 1, 1977, need to provide the following information:	
A. ARE YOU CURRENTLY MARRIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. DO YOU HAVE ANY CHILDREN WHO ARE: (1) UNDER AGE 18? OR (2) OVER 18 BUT UNDER AGE 23 AND ATTENDING SCHOOL? (3) OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR SUPPORT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. REMARKS <i>(If more space is needed, please attach separate sheet.)</i>	
<b>19. CERTIFICATION AND SIGNATURE OF APPLICANT</b>	
I CERTIFY THAT all statements in my application are true and complete to the best of my knowledge and belief.	
PENALTY: Willfully false statement as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.	
19A. SIGNATURE OF APPLICANT ( <u>DO NOT PRINT</u> )  <div style="display: flex; align-items: center; justify-content: center; height: 40px;"> <div style="text-align: right; margin-right: 10px;">SIGN HERE IN INK</div> <div style="font-size: 2em; margin-right: 10px;">➤</div> <div style="font-family: cursive; font-size: 1.5em;">Vincent V. Veteran</div> </div>	19B. DATE SIGNED  <div style="text-align: center; font-size: 1.2em;">7/15/01</div>
<b>PART II—CERTIFICATION FOR PERSONS ON ACTIVE DUTY</b>	
I CERTIFY THAT this individual is a member of the branch of the Armed Forces shown below and has consulted with me regarding his/her education program.	
20A. SIGNATURE, TITLE AND BRANCH OF SERVICE OF ARMED FORCES EDUCATION SERVICE OFFICER	20B. DATE SIGNED

## **VA Form 22-1995**

If benefits have been used previously, then the trainee *will use* VA Form 22-1995. The trainee should complete all items as appropriate. Be sure to sign the form.

## Department of Veterans Affairs

## REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

(Under Chapters 30 and 32, Title 38 U.S.C.; Section 903 of PL 96-342; or Chapter 106, Title 10 U.S.C.)

**IMPORTANT:** Please carefully read the instructions on the reverse before completing this form. Answer all questions fully, and type or print all answers in ink. If additional space is needed, attach a separate sheet and associate your answers to item numbers. The law places certain restrictions on changes of program. (See Paragraph 3 of Instructions.)

1. VA FILE NUMBER

**RESPONDENT BURDEN:** Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing Instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (723), 810 Vermont Ave., NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0074), Washington, DC 20530. Do NOT send requests for benefits to these addresses.

2. FIRST-MIDDLE-LAST NAME OF APPLICANT

Vincent V. Veteran

3. SOCIAL SECURITY NUMBER

123-45-6789

4. VA OFFICE WHERE RECORDS  
ARE LOCATED (If known)

5A. MAILING ADDRESS (No. and street or rural route, City or P.O., State and ZIP Code)

PO Box 999  
Anytown, MT 590005B. HOME TELEPHONE NO.  
(Include Area Code)

(406) 111-2222

5C. WORK TELEPHONE NO.  
(Include Area Code)6. ARE YOU AN EMPLOYEE OF THE U.S. GOVERNMENT?  
(If "Yes," complete Item 8.)☐ YES ☒ NO7A. ARE YOU NOW ON ACTIVE DUTY?  
(If "Yes," complete items  
7B, 8, 17A and 17B.)☐ YES ☒ NO7B. DATE ACTIVE DUTY BEGAN  
(Month, Day, Year)

8. WILL YOU RECEIVE NON-VA EDUCATIONAL ASSISTANCE FROM THE GOVERNMENT FOR THIS PROGRAM OF EDUCATION? (Complete only if you answered "Yes" to Item 6 or 7A.)

☐ YES ☒ NO (If "Yes," give details, including the name of the assistance program on a separate sheet.)9. NAME AND ADDRESS OF SCHOOL OR TRAINING  
ESTABLISHMENT WHERE YOU LAST RECEIVED VA BENEFITS10. ACTUAL OR EXPECTED  
TERMINATION DATE OF  
TRAINING PERIOD IN  
ITEM 9. (Mo., Day, Yr.)11. REASON FOR CHANGING COURSE OR PLACE  
OF TRAINING

## PROGRAM OF EDUCATION

12. IF YOU WANT PROFESSIONAL COUNSELING TO HELP YOU PLAN YOUR EDUCATIONAL OR VOCATIONAL PROGRAM, WRITE "YES" IN THE BOX PROVIDED AND A COUNSELING APPOINTMENT WILL BE ARRANGED. YOU WILL BE NOTIFIED OF THE TIME AND PLACE.

13. IF YOU HAVE SELECTED YOUR PROGRAM, WHAT IS THE FINAL  
EDUCATIONAL, PROFESSIONAL OR VOCATIONAL GOAL YOU PLAN  
TO REACH THROUGH THE PROGRAM FOR WHICH YOU ARE  
APPLYING? (Highest degree or occupation.)

Journeyman Electrician

14. LIST THE COURSES OR DEGREES REQUIRED BY YOU TO ATTAIN  
OBJECTIVE SHOWN IN ITEM 13 (List each diploma, degree, or vocational course.)

Apprenticeship Electrician

15. EDUCATION

- ☐ A. SCHOOL ATTENDANCE ☒ D. APPRENTICESHIP  
OR ON-THE-JOB
- ☐ B. INDEPENDENT STUDY ☐ E. COOPERATIVE
- ☐ C. CORRESPONDENCE ☐ F. FLIGHT

16. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT WHERE  
YOU WISH TO TAKE YOUR PROGRAM (If different from Item 9.)ABC Electrical Service  
Main Street  
Helena, MT 59601

## ARMED FORCES EDUCATION SERVICES OFFICER'S CERTIFICATION (Servicepersons only)

I CERTIFY THAT this individual has consulted with me regarding his or her educational program.

17A. SIGNATURE, TITLE, AND BRANCH OF SERVICE OF EDUCATION SERVICES OFFICER

17B. DATE SIGNED

## INFORMATION REGARDING PRESENT DEPENDENTS (Veterans under Chapter 30)

**IMPORTANT:** If there has been any change in the number of your dependents which you have not reported to VA, you should request VA Form 21-686c. Complete VA Form 21-686c and submit it with this application form. If you are submitting VA Form 21-686c, do not complete Items 18 through 21, skip to Items 22A and 22B. If there has been no change in the number of your dependents, please complete Items 18 through 21 to verify your present dependents.

18. CURRENT MARITAL STATUS (Check one)

☐ MARRIED (Also complete Item 19.) ☐ UNMARRIED

19. FIRST NAME OF SPOUSE

20. FIRST NAMES OF YOUR DEPENDENT CHILDREN (If any.)

21. DO YOU CLAIM ONE OR BOTH OF YOUR PARENTS AS DEPENDENTS? (Check appropriate box.)

☐ NO ☐ MOTHER ONLY ☐ FATHER ONLY ☐ BOTH PARENTS

I HEREBY CERTIFY THAT all statements herein are true and complete to the best of my knowledge and belief. If I have requested counseling, I authorize release of school and testing records to VA for use in counseling me and supervising my program of education and training.

22A. SIGNATURE OF APPLICANT (Do Not Print)

SIGN HERE

IN INK

Vincent V. Veteran

22B. DATE SIGNED

6/20/02

PENALTY: Willful false statements as to a material fact in a claim for educational benefits is a punishable offense and may result in forfeiture of these and other benefits, and in criminal penalties.



## **VA Form 22-1999—Enrollment Certification**

It would be *very beneficial* for the trainee to contact the VA Education Case Manager for benefits information at 1-888-442-4551. The trainee can obtain forms and assistance through this veteran service professional.

The trainee needs to complete items 1 through 7.

Both the certifying official and the trainee need to sign and date the information included in item 14.

The firm needs to complete items 14, 16A, 16B, 16C, 16D, and on the reverse of the form items 20A, B, C, and D. All other sections of this form *do not need* to be completed.

These forms should be included with the application. The State Approving Agency will send this form to the DVA with the approval document.

## Department of Veterans Affairs

## ENROLLMENT CERTIFICATION

(Under Chapters 30, 32, or 35, Title 38 U.S.C.; Chapter 1606, Title 10 U.S.C.;  
or Sections 901 or 903 of Public Law 96-342)

**PRIVACY ACT INFORMATION:** We'll use the information on this form to determine the student's continuing eligibility for education benefits. We cannot pay the student any further benefits until we receive this information (38 U.S.C. 3684). Your responses are confidential (38 U.S.C. 5701). They may be given outside VA only if authorized under the Privacy Act, including the routine uses identified in the VA system of records 58 VA 21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The information you send may be verified through computer matching programs with other agencies.

1. FIRST - MIDDLE - LAST NAME OF STUDENT Vincent V. Veteran	2. VA FILE NO. (For Chapter 35 include suffix.) C-123-456-7891
3. CURRENT ADDRESS OF STUDENT PO Box 999 Anytown, MT 59000	4. STUDENT'S SOCIAL SECURITY NUMBER (If not entered in Item 2 above.) 123-45-6789
5. TYPE OF TRAINING <input type="checkbox"/> UNDERGRADUATE COLLEGE <input type="checkbox"/> GRADUATE/ADVANCED PROFESSIONAL <input type="checkbox"/> NONCOLLEGE DEGREE <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COOPERATIVE (Not Farm) <input type="checkbox"/> FARM COOPERATIVE <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> FLIGHT TRAINING <input type="checkbox"/> APPRENTICESHIP/ OTHER ON-THE-JOB	6. NAME OF PROGRAM Mechanic 7. CREDIT ALLOWED FOR PREVIOUS EDUCATION OR TRAINING None

## ENROLLMENT DATA (Complete Items 8 through 12 if applicable.)

9. ENROLLMENT EFFECTIVE DATES (Mo., day, yr.)		8. CREDIT HOUR COURSES			10. CLOCK HOUR COURSES HOURS	11. CHARGES FOR PERIODS OF INSTRUCTION TUITION & FEES	12. TRAINING TIME (Graduate or Advanced Professional Programs)
A. BEGIN	B. END	CREDIT HOURS TAKEN IN RESIDENCE A. HOURS	REMEDIAL/ DEFICIENCY/ REFRESHER B. HOURS	OPEN CIRCUIT TV/ INDEPENDENT STUDY C. HOURS			
<b>DO NOT COMPLETE THIS SECTION FOR OJT/APPRENTICESHIP CLAIMS</b>							

## 13. ADVANCE PAYMENT REQUEST

I request an advance payment. ➡	A. SIGNATURE OF STUDENT	B. DATE SIGNED
---------------------------------	-------------------------	----------------

14. REMARKS (Attach separate sheets if necessary and key answers to item numbers.)

OJT Hours Worked To Date:

Mar. (1-31) 02	150 hrs.
Apr. 02	170 hrs.
May 02	155 hrs.

John M. Doe

06-02-02

Vincent V. Veteran

06-02-02

NOTE: Complete Item 15 only if course(s) are contracted out to another School or are given at a branch location other than that shown in Item 16B. Do not complete Item 15 if course(s) are taken at an "additional facility" of a school as defined in 38 CFR 21.4251(f).

15. NAME AND ADDRESS OF CONTRACT SCHOOL OR  
BRANCH LOCATION**DO NOT COMPLETE**

CERTIFICATIONS: The provisions on the reverse side [Items (1) through (12)] are certified.

16A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL John M. Doe, Owner	16B. NAME AND ADDRESS OF SCHOOL John Doe's Garage Main Street Anytown, MT 59000	
16C. TELEPHONE NUMBER OF CERTIFYING OFFICIAL (Include Area Code) (406) 123-4567	16D. DATE SIGNED 06-02-02	16E. FACILITY CODE

<b>17. ADDITIONAL INFORMATION FOR HIGH SCHOOL AND FARM CO-OP COURSES</b>				
A. HIGH SCHOOLS APPROVED ON A UNIT BASIS: Enter the number of high school units for which the student is enrolled.			B. FARM CO-OP ONLY: Is student pursuing course concurrently with substantial full-time agricultural employment averaging at least 40 hours per week? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>18. VOCATIONAL FLIGHT TRAINING (Chapters 30, 32, and 1606)</b>				
IMPORTANT: The student must have a private pilot's license and meet the medical requirements (class I for an Airline Transport Pilot course; class II for all other courses) before entering training and continuously throughout the program.				
A. CREDIT ALLOWED FOR PREVIOUS EDUCATION AND TRAINING				B. DATE TRAINING BEGAN IN CURRENT COURSE
DUAL	SOLO	GROUND SCHOOL	CERTIFICATES AND RATINGS	
C. NUMBER OF HOURS/UNITS OF INSTRUCTION IN CURRENT COURSE				D. TOTAL CHARGES
DUAL	SOLO	GROUND SCHOOL	CERTIFICATES AND RATINGS	
<b>DO NOT COMPLETE THIS SECTION FOR OJT/APPRENTICESHIP CLAIMS</b>				\$
<b>19. CORRESPONDENCE COURSE (Chapters 30, 32, 35 [Spouses and Surviving Spouses] and 1606)</b>				
IMPORTANT: A signed VA Form 22-1996c, Certificate of Affirmation of Enrollment Agreement, MUST be signed by this student and accompany this certification form before payment may be authorized by VA for a correspondence course.				
A. DATE FIRST LESSON SENT TO STUDENT	B. NUMBER OF LESSONS FOR WHICH STUDENT IS ENROLLED	C. CHARGE PER LESSON TO STUDENT	D. WERE ANY LESSONS SERVICED BEFORE THE DATE ENTERED IN ITEM 19A?  <input type="checkbox"/> YES <i>(If "Yes," show lesson number and date serviced in Item 14, "Remarks.")</i> <input type="checkbox"/> NO	
<b>20. APPRENTICESHIP/OTHER ON-THE-JOB TRAINING</b>				
IMPORTANT: A signed copy of the training agreement outlining the training program and wage scale as approved by the State Approving Agency or VA, or for apprentices, any document signed by the trainee incorporating this agreement by reference must be attached to this form. <i>(Show monthly number of hours worked to date in Item 14, "Remarks.")</i>				
A. TRAINING DATES (Mo., Day, Yr.)		B. TYPE OF TRAINING	C. NO. OF HOURS TRAINEE IS EMPLOYED PER WEEK IN TRAINING PROGRAM	D. NO OF HOURS IN STANDARD WORK
BEGINNING	ENDING	<input type="checkbox"/> APPRENTICESHIP	40    HRS	40    HRS
03-01-02	02-28-03	<input checked="" type="checkbox"/> OTHER ON-THE-JOB		
<b>CERTIFICATIONS—Read the Certifications below before completing Items 16A through 16E on the front of this form.</b>				
IT IS HEREBY CERTIFIED THAT:				
(1) This institution has exercised reasonable diligence in meeting all applicable requirements of Title 38, U.S. Code, and any failure by the institution to meet any requirements of the law will be reported promptly to VA; (2) The course or courses certified are approved by the State Approving Agency and are generally acceptable to meet requirements for the student's educational, professional, or vocational objective; (3) No course certified is a repetition of any course previously satisfactorily completed except as permitted by VA regulations; (4) This institution holds no power of attorney agreement authorizing the institution to negotiate VA educational assistance allowance checks; (5) This institution agrees to report promptly to VA any enrollment changes (other than an enrollment change for a student who was in full-time attendance before the change and in full-time attendance after the enrollment change) and any change due to unsatisfactory progress, conduct, or attendance; (6) That all such changes that have come to our attention have been reported to VA if this student was previously enrolled at this school; (7) FOR ENROLLMENTS REQUESTING ADVANCE PAYMENT: It is agreed that the initial check for this enrollment period will be mailed to the school for temporary care and delivery to the student upon registration but not more than 30 days before the commencement of training. It is understood that the completion of a certificate of delivery will normally be required upon delivery of the advance payment. (8) FOR NONCREDIT DEFICIENCY, REMEDIAL, OR REFRESHER COURSES: The courses certified in Item 9B are needed by the student in order to pursue a program of education at this institution; (9) FOR FLIGHT TRAINING: The student has a private pilot's license. A copy of the student's class II medical certificate is on file in this institution. If the student is enrolled in an Airline Transport Pilot course, a copy of the student's valid class I medical certificate is on file at this institution. (10) FOR ENROLLMENTS UNDER CHAPTERS 30, 32, AND 1606: All the 85-15 ratio requirements have been satisfied; (11) FOR PRIVATELY OWNED SCHOOLS: The student certified is not an owner or officer of the school nor is he/she an official authorized to sign enrollment certificates; (12) FOR APPRENTICESHIP AND OTHER OJT PROGRAMS: The student has not yet attained the journeyman wage rate and VA will be promptly notified if this wage rate is attained.				
RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-888-442-4551 for mailing information on where to send your comments.				

## Letterhead Stationery

A letter such as this sample can be used to certify the hours worked when the trainee is applying for their benefits or anytime during the program to certify hours worked.

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### JOHN DOE'S GARAGE

Main Street  
Anytown, Montana 59000  
(406) 123-4567



Date: June 3, 2002

Name: Vincent Veteran  
SS#: 123-45-6789  
Job Title: Mechanic

Dear Sirs:

This is to certify the hours of On-The-Job or Apprenticeship Training at our firm for Mechanic, which have been completed for the following months:

March	2002	184 hours
April	2002	164 hours
May	2002	168 hours

*John M. Doe*

Employer

*Vincent V. Veteran*

Employee

6-2-2002

Date

## **Monthly Certification Form**

The veteran will receive VA form 22-6553d-1 each month, after they have applied to the Department of Veterans Affairs for their On-The-Job/Apprenticeship Training benefits.

At the end of the month, the trainee should bring this form to their supervisor to be signed. The trainee also signs the form and then the trainee should mail it to the Department of Veterans Affairs (*use the envelope which is provided*). If this form is not submitted, the educational benefit payments will be *interrupted*.

We advise the firm *not to sign* this form until the monthly work record is received from the trainee and placed on file at the firm.

NOTE: This form is sent directly to the veteran by the VA. The veteran submits this directly back to the VA and if it is not submitted, the payment of educational benefits will be interrupted. - VA form 22-6553d-1

<div>VA Regional Office PO Box 66869 St. Louis, MO 63166-6869 Fax: (314) 552-9707</div> <div>Vincent V. Veteran 11 South 5th Street Anytown, MT 59000</div>		Department of Veterans Affairs			
		MONTHLY CERTIFICATION OF ON-THE-JOB AND APPRENTICESHIP TRAINING			
		FOR VA USE ONLY			
		VA FILE NUMBER C-123-456-7891		PAYEE 00	
		FACILITY CODE 2-0-2376-41		TYPE TRAINING G	
<div>IMPORTANT</div> <div>DO NOT complete, date or sign prior to last date of period to be certified. Read the instructions carefully. You and the employer should complete, date and sign this form on or after the last day of the month shown in Item 1. If form is destroyed or lost, ask the VA for another form.</div>					
<div>PRIVACY ACT INFORMATION: No further monies or benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations (38 U.S.C. 3880). The information requested on this form will be used to determine continuing eligibility for benefits and proper amount payable. The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Rehabilitation Records -VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law.</div> <div>RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (723), 810 Vermont Ave., NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0178), Washington, DC 20503. Do NOT send requests for benefits to these addresses.</div>					
INSTRUCTIONS TO TRAINEE					
<div>ITEMS 1 AND 2—Enter the number of hours worked for each month shown. (Include any hours of related training given during working hours.)</div> <div>ITEM 3—Check the appropriate box, and if training has been terminated, complete Items 4 and 5.</div> <div>ITEMS 6A, 6B AND 6C—Check the appropriate box. If you received a wage increase (or decrease) not in accordance with your training agreement, show new wage rate and effective date of rate change.</div> <div>ITEM 7—Use this item for reporting any change in the number of dependents for whom you are receiving additional educational assistance allowance. If you acquire any new dependents, send proof to the VA.</div> <div>CHANGE OF ADDRESS—If you are changing your address permanently, neatly line out the preprinted address and print your new address in the remaining space. Be sure to show ZIP Code.</div> <div>Sign and date the form in Items 8A and 8B and give the form to your employer or an authorized official of your training establishment for verification.</div>					
INSTRUCTIONS TO EMPLOYER					
<div>NOTE—The trainee is not entitled to VA educational benefits and the VA must be immediately notified if the journeyman wage is being paid to the trainee. Please verify the number of hours worked and other information reported by the trainee with the payroll records. Any differences should be reported in Items 6 and 7. Also use Item 7 for reporting termination because of unsatisfactory conduct or progress.</div> <div>Sign and date the form and return it to the VA Office shown above.</div>					
1. MONTHS TO BE CERTIFIED	2. NO. OF HOURS WORKED FOR EACH MONTH SHOWN IN ITEM 1	3. WAS TRAINEE ENROLLED IN AND PURSUING THE APPROVED PROGRAM SHOWN IN ITEM 1? (If "No," complete <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Items 4 & 5.)		4. DATE TERMINATED (Mo. Day, Yr.)	
June 1-30, 2002	176	5. REASON FOR TERMINATION			
		6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "no," complete Items 6B and 6C.)	6B. RATE	6C. EFFECTIVE DATE	
7. REMARKS					
I CERTIFY that the previous statements are true and correct to the best of my knowledge and belief.					
PENALTY—Willful false reports concerning benefits payable by the VA may result in fine or imprisonment or both.					
8A. SIGNATURE OF TRAINEE <i>Vincent V. Veteran</i>			8B. DATE SIGNED July 8, 2002		
9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL <i>John M Doe, Owner</i>			9B. DATE SIGNED July 8, 2002		

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# THE DEFINITION OF A VETERAN

A VETERAN is not an outsider to our business ... he/she's our reason for existence.

A VETERAN is not an interruption of our work ... he/she's the purpose for it. We are not doing him a favor - he's doing us a favor by letting us serve him.

A VETERAN is not a cold statistic ... he/she's a flesh-and-blood human being with feelings and emotions like our own.

A VETERAN is not someone to argue or match wits with ... he/she deserves courteous, attentive and sympathetic treatment.

A VETERAN is not dependent on us ... we are dependent on him.

A VETERAN is there to be served, not just tolerated ... it is our job to handle him/her properly - both for his/her sake and for our own.

A VETERAN makes it possible that our salaries get paid ... whether we are a Clerk, Financial Aid Officer, Certifying Official, Veterans Benefits Counselor, Education Compliance Survey Specialist, Registrar, Education Liaison Representative, School Officer, or County Veterans Services Officer.

—Anonymous

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## STATE APPROVING AGENCY

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Montana Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Contact:

Celie Anderson  
OJT/APP Program Manager  
Veterans Education  
(406) 444-4122  
Fax: (406) 444-1373  
[celiea@state.mt.us](mailto:celiea@state.mt.us)

